

24 July 1969

MEMORANDUM FOR THE RECORD

Morning Meeting of 24 July 1969

DD/I reported that he had in hand the production schedule in support of the Director's scheduled appearance before the House Armed Services Committee and that a draft of his testimony will be made available to the Director on Monday.

Godfrey pointed to [redacted]
Czech belief that the Soviets may be planning to incorporate Czechoslovakia into the Soviet Union.



*D/ONE briefed on difficulties encountered in preparing the Estimate on the likelihood of a Sino/Soviet clash. He described the usual indicators of hostilities, and after some discussion by the DD/S&T and the DD/I, the Director asked the DD/I to look into what adjustments can be made in the current CORONA mission.

Maury reported that he briefed Frank Slatinshek on the Pueblo matter and expressed the opinion that it will provide an adequate basis for Congressman Pike's questions.

Maury reported that he was in touch with Jay Sourwine on the scheduled appearance [redacted] executive session of the Senate Subcommittee on Internal Security.

Maury related that he was in touch with the Director of Security concerning Senator Bayh's inquiry regarding our security procedures. The Director asked that the CI Staff also be consulted on this matter.

25X1

DD/S&T reported that there has been agreement on the terms of reference on the verification problem and that our input to this action following the 23 July NSC meeting is due on 1 August.

25X1

*DD/S&T briefed on indicators which may suggest that the SS-11 is being modified to give it a multiple re-entry capability. He noted that developments to date parallel what happened to the SS-9. After some discussion the Director asked that he be consulted on publication of these developments.

The Director called Carver's attention to the item in today's Wall Street Journal attributing unusual wounds in Vietnam to the AK-47.

Executive Director noted that he will be attending a meeting this morning at the Bureau of the Budget.

25X1

L. K. White

*Extracted and sent to action officer

Vietnam Toll

Many of U.S. Wounded Have Worse Injuries Than in Earlier Wars

New Rifles, Rockets Cause More Damage; Mutilation Often Can't Be Repaired

'Oh, No, It Couldn't Be Us'

By WILLIAM M. CARLEY

Staff Reporter of THE WALL STREET JOURNAL

A dark speck appears in the Western sky, ablaze with the hot afternoon sun. Within a minute, the speck becomes a big Lockheed Starlifter jet gently landing on the airstrip, its wings drooping like a tired seagull.

The Starlifter has just completed a 7,000-mile flight from Japan to Kelly Air Force Base in Texas, bringing badly wounded servicemen back from the Vietnam war. The flight dramatizes one positive aspect of the war: Thanks to speedy evacuation and excellent medical care, many of the wounded who never would have made it back alive from earlier wars are returning alive from Vietnam.

But the plane's mercy flight also underscores a grim fact about the Vietnamese war: In many cases, the men are coming back with wounds far worse than those suffered by survivors of earlier wars.

On the Starlifter, for example, are young soldiers burned over as much as 70% of their bodies. With months of care and plastic surgery, some can return to a semblance of normal living. But for many the price of survival will be to go through the rest of their lives badly mutilated.

"We're saving them, but I don't know for what," says one Army medical officer.

81% Survive Wounds

The increase in the percentage of soldiers who survive their wounds is impressive. The Army, which accounts for more casualties than any other service, reports that more than 81% of its wounded men are surviving in Vietnam, compared with 74% in the Korean war and 71% in World War II.

Thus far, about 237,000 men in all the U.S. armed services in Vietnam have been wounded and have survived. As in any war, many of the wounds are slight. About half the 237,000 had injuries so minor they didn't even require hospitalization.

In the case of the more severe wounds, the Army Surgeon General's office says that it's too early to make a "definitive" assessment of the long-term effects. But interviews with doctors and patients at several military hospitals in the U.S., where some of the wounded are brought as early as three days after being hit in Vietnam, show there's no doubt about the severity of the patients' wounds. Besides the speedy medical attention in Vietnam that saves a lot of badly wounded men, many wounds are simply more severe to begin with.

High-powered rifles are one cause. Bullets fired from the "burp guns" commonly used against U.S. troops in the Korean war traveled at about 1,600 feet per second, but bullets fired from the AK-47 rifles being used against U.S. forces in Vietnam travel at about 2,400 feet per second. Because a bullet's speed is important in determining its wounding power, this increase often makes the difference between a minor wound and a devastating injury, experts say.

AK-47 Deadly at Distance

"At 100 yards, you can almost catch the burp gun shell with a pitcher's mitt, but at the same range an AK-47 can kill a bull moose," says Dr. William Demuth, a University of Pennsylvania professor who has studied the wounding power of rifles.

"The rifles being used in Vietnam have impressively greater wounding power than those used in earlier wars," says Dr. Norman Rich, who treated scores of rifle wounds when he recently served in Vietnam and who now is a surgeon at Walter Reed Army Medical Center in Washington. The Vietnam rifles are causing "massive destruction" of flesh, bone and nerves when they hit, says Dr. Rich.

One soldier—call him Tommy—provides an example. A few months ago the 24-year-old soldier was in Vietnam. A North Vietnamese rifleman caught Tommy in his sights and fired one shot. In an instant the bullet went through Tommy's helmet, through his forehead and came to rest at the back of his skull.

"The bullet destroyed most of his brain," says Dr. Ludwig Kempe, a neurosurgeon who treated Tommy at Walter Reed. "He breathes, but he is and will remain totally unconscious—he will never even know he's here."

Bigger Than Bazookas

Bigger rockets also cause worse wounds. In Korea, bazookas were used against U.S. troops, but in Vietnam much larger 122mm. and 240mm. rockets are being used.

Comparing the bazooka with the larger weapons "is like comparing a firecracker with a stick of dynamite," says an Army officer.

One soldier recently hit by a rocket blast had his lower right arm blown off, was hit by 33 fragments in his other arm, in his chest and abdomen and in both legs, and was burned over 60% of his body.

That men can survive such wounds, of course, is due to the high quality of medical care almost immediately available to them. Modern drugs also save many soldiers.

Men burned over large portions of their bodies, for example, usually didn't survive in previous wars. They would die not from the burn itself but because deadly pseudomonas bacteria would invade the burned tissue and then spread throughout the rest of the body.

In the past few years, however, new drugs such as Sulfamylon have been developed to fight the pseudomonas bacteria. Dr. Basil Pruitt, chief of the burn unit of the Army Institute for Surgical Research, says the new drugs have cut the fatality rate in half for burned men. For example, of patients with burns covering almost half of their bodies, nearly 60% died previously, but now fewer than 30% die.

But the drugs cannot reverse the mutilation of men who survive extensive burn wounds. After being flown to Kelly Air Force Base by Starlifter jets, burned men are taken to the Army's burn unit, which is at nearby Brooke Army Hospital in San Antonio. One patient now

in the burn unit is Peter, a 20-year-old Army private. When he was injured in March, Peter was in a Sheridan tank, working as a loader for the main gun.

"We were moving through a rubber plantation one afternoon when we were attacked by mortars, rocket-propelled grenades and machine guns," he says. "Our tank began firing, and the main gun jammed. Then a rocket-propelled grenade hit us, and there was a big fire."

Peter tried to claw his way out of the intense heat of the tank fire; "but the hatch was so hard to open," he says. By the time he got out, all of Peter's fingers had been burned off. He also suffered severe burns on his arms, face, chest and neck.

Helicopters get much of the credit for helping the wounded come back alive. Tried in a few cases in Korea, helicopters are used in almost every medical evacuation in Vietnam, and they cut the time between injury and medical treatment from hours or even days to minutes.

Faster Than at Home

Because of the helicopters, says one military medical officer, "an American wounded in the remote jungles or rice paddies of Vietnam has a better chance for quick, definitive surgical care by top specialists than were he hit on a highway near his hometown in the U.S."

In the case of a young soldier named Warren, as in many others, this reduction in time made the difference between life and death. A lanky 22-year-old Marine sergeant, Warren was a member of a platoon moving through a rice paddy near Hue when it ran into enemy fire. "Charlie (the Vietcong) was in a concrete bunker," he says. "I began shooting with my grenade launcher, and they opened fire with a .50-caliber machine gun. The first machine gun round grazed my face, but the second hit my right cheek."

Warren only remembers being helicoptered out of the rice paddy, and nothing after that until he woke up 24 days later in a U.S. military hospital. But his doctor, Dr. G. W. Anastasi, a plastic surgeon at the Chelsea Naval Hospital near Boston, says Warren would have died had it not been for the helicopter evacuation.

"He either would have bled to death or died of infection," Dr. Anastasi says.

But again, the survivor must live with a terrible wound. The bullet, as it emerged from the left side of Warren's head, blasted away most of the left side of his face. "He came here so mutilated you have no idea what he originally looked like," says Dr. Anastasi. Despite numerous operations, Warren will have practically no vision in his left eye and will be badly disfigured for life.

Helicopter Casualties

Unfortunately, things that save lives sometimes also produce casualties themselves. The vastly increased use of the helicopter in Vietnam is itself leading to severe wounds because of crashes.

On May 13, for example, a helicopter flew into a jungle valley to pick up wounded from the fight on Hamburger Hill. "We saw a smoke signal," says Jim, the 24-year-old lieutenant who commanded the craft. "We couldn't land—the jungle was too thick—so we hovered over the trees about 100 feet up, and dropped a litter basket on a line to load the patients."

Then, he relates, a rocket-propelled enemy grenade shot into the helicopter's open cargo door and exploded. "I felt, 'Oh, no, it couldn't be us,' but the helicopter began turning over and falling towards the ground."

The helicopter turned upside down and crashed. Jim escaped from the cockpit only seconds before the aircraft exploded and burst into flames. In the crash, however, Jim's left leg was sliced off.

The nature of the war being waged in Vietnam also contributes to some more serious wounds. In Korea and World War II, much of the fighting was done from the protection of trenches and bunkers. But in Vietnam soldiers are often fully exposed while on patrols or search and destroy missions. Thus, a mortar or rocket shell exploding near a soldier in Korea might have injured only one limb—but in Vietnam it may spray fragments into several areas of his body.

A Sharp Increase

The Army says the category of "many multiple wounds in which there was no single predominant location" includes 20% of patients in Vietnam compared with only 2% in Korea and 3% in World War II.

Dr. Peter Biron, a surgeon at the Chelsea Naval Hospital near Boston, says that when patients have multiple severe injuries, "treating them is very difficult." He adds that "there are no books that have been written on how to handle these complex cases. Doctors have to learn as they go along."

In some cases, medical advances have at least partially offset the effects of the more severe wounds. If a high-velocity rifle bullet hits a soldier in the arm, for example, damage to blood vessels and interruption of the blood flow could cause gangrene and necessitate amputation. But in recent years doctors have learned how to repair the blood vessels and thus save many limbs. The Army Surgeon General's office says that in World War II and Korea, 2% to 2.5% of those hospitalized were amputation cases. But in the Vietnam war the 649 Army men who have lost limbs thus far comprise only about 1% of the hospitalized casualties.

Even so, a soldier who keeps a wounded limb may face a difficult future. A high-powered rifle bullet may destroy nerves as well as blood vessels, and doctors say it's far more difficult and often impossible to restore full function of certain nerves. The result is that a soldier may retain his wounded arm, but it may dangle uselessly at his side for the rest of his life.

New Grafting Technique

Advances have been made in plastic surgery. In the past when a patient was burned over large parts of his body, for example, doctors sometimes had trouble getting enough skin from the patient's unburned areas to cover the huge burns.

In recent years, however, surgeons have tripled the area a piece of skin can cover by cutting a series of incisions in the skin and then stretching it into a mesh-like web before applying it. After the skin is applied over the wound, it eventually grows together, filling in the mesh holes.

But in many cases such advances still don't restore a burn victim to anything like his original appearance. One 34-year old Air Force pilot was burned when his plane crashed on takeoff from a Vietnamese airfield. He has since gone through 17 plastic surgery operations.

But the fire badly burned his face, burned off most of his hair and burned off most of his ears, and doctors say that even with the best medical techniques, he will never look the same.

"I have to tell them that I can't restore their original looks," says Dr. Anastasi, the plastic surgeon at Chelsea Naval Hospital. "I say, 'Son, I'm only a surgeon, and when I do scar revisions, I only trade one scar for another.'"